

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39630

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6231</u>		Registrar's No. <u>166</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Vernon.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural.</u> <u>Richland TWP.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richards</u> c. LENGTH OF STAY (in this place) <u>29 yrs</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural.</u> <u>Richland TWP.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 1 Richards Mo. Inf</u>				e. STREET ADDRESS (If rural, give location) <u>RFD 1 Richards. Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Levi Paul Lowry</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Oct. 28- '50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 23rd 1896.</u>		9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Princeton Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman & Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Princeton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Andrew W. Lowry..</u>		13b. MOTHER'S MAIDEN NAME <u>Maude May Shew</u>		14. NAME OF HUSBAND OR WIFE <u>Ida May Bengé.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida May Lowry, Richards Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>Mar</u> , 19 <u>33</u> , to <u>Oct</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>50</u> , and that death occurred at <u>2:20 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. L. Cooper M.D.</u>		23b. ADDRESS <u>Fort Scott Kansas</u>		23c. DATE SIGNED <u>Nov 5</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 30th, 1950.</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>White Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 31, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Harshey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orlando A. Cheney</u>		ADDRESS <u>Ft. Scott Kas.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 7 1950

Dst File 1150-2264

Date Filed 11-15-50

AUG 24 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working-under my personal supervision.

Signed _____

Wanda D. Denny

Signed _____
Student Embalmer

Licensed Embalmer No. 2613

P. O. Address Ft. Scott Kansas.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.